

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 49	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI		OFFICE USE ONLY		Date Received
	EDWARD				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	NICKNAME LAST SUFFIX		Date Hand-delivered or Date Postmarked		Receipt # Amount
	GARZA		Date Processed		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI		Date Imaged		Date Imaged
	EDITH S.		McALLISTER		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
203 Terrell Rd. San Antonio, TX 78209					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
(210) 444-2792					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2002 12 / 31 / 2002				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) Mayor		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Edward Garza

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 17,708.85

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

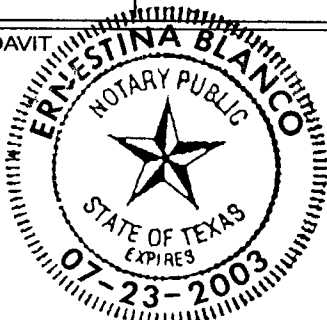
4. TOTAL POLITICAL EXPENDITURES

\$ 88,991.25

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Edward Garza
Signature of Candidate or Officeholder

Edward Garza

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward Garza, this the 15th day of Jan., 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

8.14.02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Goldenforb, Howard A.

6 Contributor address; City; State; Zip Code

121 MIDDLE ST. #200

Portland, ME 04101

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

CREUZOT, Percy

Contributor address; City; State; Zip Code

4220 Pinemont

Houston, TX 77018

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

DURDEN, DAN

Contributor address; City; State; Zip Code

411 FM 473

COMFORT, TX 78013

Amount of
contribution (\$)

300.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

VICKREY JOHNSON, BRENDA

Contributor address; City; State; Zip Code

13055 N. HUNTERS CIRCLE

SAN ANTONIO, TX 78230

Amount of
contribution (\$)

210.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

VENSAS, RICHARD J.

Contributor address; City; State; Zip Code

250 TREELINE PARK #906

SAN ANTONIO, TX 78209

Amount of
contribution (\$)

210.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

8.14.02

5 Full name of contributor

☐ out-of-state PAC (ID#)

BAIN, Pamela W.

6 Contributor address; City; State; Zip Code

1026 Central Pky.
SAN Antonio, TX 78232

7 Amount of
contribution (\$)

150.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

DAVIS, S. BRAD

Contributor address; City; State; Zip Code

11434 WHISPER DAWN
SAN ANTONIO, TX 78230

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

COVARRUBIAS, JESSIE

Contributor address; City; State; Zip Code

204 Shalimar
SAN Antonio, TX 78213

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

ELLIS, THOMAS

Contributor address; City; State; Zip Code

7 INWOOD MOSS
SAN Antonio, TX 78248

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

CONSULT. ENGINEERS Council of TX PAC

Contributor address; City; State; Zip Code

400 W. 15 #820
AUSTIN, TX 78701

Amount of
contribution (\$)

900.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

8.14.02

5 Full name of contributor

☐ out-of-state PAC (ID#)

LAN PAC

6 Contributor address; City; State; Zip Code

1500 CITY WEST BLVD-10TH FL.
HOUSTON, TX 77042

7 Amount of
contribution (\$)

150.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

PARSONS BRINK PAC

Contributor address; City; State; Zip Code

ONE PENN PLAZA
NEW YORK, NY 10119

Amount of
contribution (\$)

400.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.14.02

Full name of contributor

☐ out-of-state PAC (ID#)

TURNER COLLIE & BRADEN PAC

Contributor address; City; State; Zip Code

P O BOX 130089
HOUSTON, TX 77219

Amount of
contribution (\$)

240.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9.5.02

Full name of contributor

☐ out-of-state PAC (ID#)

RABA-KISTNER PAC

Contributor address; City; State; Zip Code

P O BOX 690287
SAN ANTONIO, TX 78269

Amount of
contribution (\$)

330.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10.24.02

Full name of contributor

☐ out-of-state PAC (ID#)

W. JAMES JONAS III

Contributor address; City; State; Zip Code

700 N. St. Mary's
San Antonio, TX 78212

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12,868.85
Air transportation
costs / city business
opportunities

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

11.15.02

5 Full name of contributor

☐ out-of-state PAC (ID#)

WELLS FARGO BANK TX STATE PAC

6 Contributor address; City; State; Zip Code

16414 San Pedro #880
SAN ANTONIO, TX 78232

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:**2** FILER NAME

N/A

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID# _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>N/A</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		14 Name of guarantor 15 Guarantor address; City; State; Zip Code	
16 Amount Guaranteed (\$)			
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)			
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

7.3.02

FROST BANK

6 Payee address; City; State; Zip Code

SAN ANTONIO, TX 78296

\$ 3.00

8 Purpose of payment (See instructions regarding type of information required.)

SERVICE CHARGE

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

7.15.02

MAIN STREET WORLD TRAVEL

Payee address; City; State; Zip Code

8425 BANDERA # 154

SAN ANTONIO, TX 78250

385.00

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

7.15.02

WINDHAM HOTEL

Payee address; City; State; Zip Code

WINDHAM, NY 12496

558.42

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

7.15.02

LOWES HOTEL

Payee address; City; State; Zip Code

MIAMI BEACH, FL 33139

652.86

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7.15.02

LOWES HOTEL
6 Payee address; City; State; Zip Code

MIAMI BEACH, FL 33139

317.80

8 Purpose of payment (See instructions regarding type of information required.)

TRAVEL

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

7.15.02

SPRINT
Payee address; City; State; Zip Code12730 INTERSTATE HWY10W
SAN ANTONIO, TX

285.83

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

7.15.02

GRAND HYATT
Payee address; City; State; Zip Code

NEW YORK, NEW YORK

193.39

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

7.15.02

STRANGE CATERING
Payee address; City; State; Zip Code1551 BANDERA
SAN ANTONIO, TX 78228

680.00

Purpose of payment (See instructions regarding type of information required.)

LUNCHEON

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

SAN ANTONIO Tennis Institute

7 Amount (\$)

7.15.02

6 Payee address; City; State; Zip Code

SAN ANTONIO, TEXAS

100.00

8 Purpose of payment (See instructions regarding type of information required.)

CHARITABLE DONATION

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

CINGULAR WIRELESS

Amount (\$)

7.15.02

Payee address; City; State; Zip Code

P.O. BOX 4460

HOUSTON, TX 77097

272.73

Purpose of payment (See instructions regarding type of information required.)

Telephone

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Neubert, EVA

Amount (\$)

7.15.02

Payee address; City; State; Zip Code

1023 Avo B #1

SAN Antonio, TX 78215

78.00

Purpose of payment (See instructions regarding type of information required.)

Reimbursement - OFFICE SUPPLIES

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

SUCHY'S FLOWERS

Amount (\$)

7.15.02

Payee address; City; State; Zip Code

955 Cincinnati Ave

SAN Antonio, TX 78201

110.57

Purpose of payment (See instructions regarding type of information required.)

FLOWERS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7.15.02

SBC/SOUTHWESTERN Bell

6 Payee address; City; State; Zip Code

PO Box 4844

HOUSTON, TX 77097

142.52

8 Purpose of payment (See instructions regarding type of information required.)

Telephone

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

7.15.02

SECURITY ONE

Payee address; City; State; Zip Code

PO Box 23280

SAN Antonio, TX 78223

26.97

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

7.15.02

PLAZA CLUB

Payee address; City; State; Zip Code

8100 FROST BANK TOWER

SAN Antonio, TX 78205

88.73

Purpose of payment (See instructions regarding type of information required.)

MEMBERSHIP/FEES

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

7.16.02

Ronald Reagan High School

Payee address; City; State; Zip Code

1565 DAWN CREST DR,

SAN Antonio, TX 78248

145.00

Purpose of payment (See instructions regarding type of information required.)

Fall PROGRAM ADVERTISING

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7.23.02

Jefferson High Athletic Boosters

6 Payee address; City; State; Zip Code

1763 W. Summit

SAN Antonio, TX 78201

150.00

8 Purpose of payment (See instructions regarding type of information required.)

FALL PROGRAM ADVERTISING

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

7.23.02

Sprint

Payee address; City; State; Zip Code

PO Box 219554

KANSA CITY, MO 64121

302.68

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

11.29.02

Jefferson Area Community Outreach

Payee address; City; State; Zip Code

201 Meredith Dr.

SAN Antonio, TX 78228

100.00

Purpose of payment (See instructions regarding type of information required.)

Scholarship support

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

8.15.02

SOUTHSIDE Reporter

Payee address; City; State; Zip Code

2203 S Hackberry

SAN Antonio, TX 78210

300.00

Purpose of payment (See instructions regarding type of information required.)

Advertising

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

C.P.S

C.P.S.

6 Payee address; City; State; Zip Code

PO Box 2678

SAN ANTONIO, TX 78289

247.60

8 Purpose of payment (See instructions regarding type of information required.)

UTILITIES

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

2003

CITY

Date

Payee name

Amount
(\$)

7.23.02

SBC/SOUTHWESTERN Bell

Payee address; City; State; Zip Code

PO Box 4844

HOUSTON, TX 77097

46.04

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

7.23.02

TREVINO, STEVEN

Payee address; City; State; Zip Code

830 ERIE ST.

SAN ANTONIO, TX 78212

200.00

Purpose of payment (See instructions regarding type of information required.)

SALARY

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

7.23.02

Neubert, Eva

Payee address; City; State; Zip Code

1023 Ave B #1.

SAN ANTONIO, TX 78215

1,000.00

Purpose of payment (See instructions regarding type of information required.)

SALARY

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8.5.02	5 Payee name TAFT RAIDERS ATHLETIC BOOSTERS	7 Amount (\$) 70.00	
6 Payee address; City; State; Zip Code 7226 SHADOW RIDGE SAN Antonio, TX 78250			
8 Purpose of payment (See instructions regarding type of information required.) FALL PROGRAM ADVERTISING		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 8.5.02	Payee name DE LEON, MIKE	Amount (\$) 750.00	
Payee address; City; State; Zip Code 1931 EDENVALE SAN Antonio, TX 78224			
Purpose of payment (See instructions regarding type of information required.) SALARY		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 8.6.02	Payee name ALAMO TRAVEL	Amount (\$) 403.50	
Payee address; City; State; Zip Code 9000 WURZBACH SAN Antonio, TX 78240			
Purpose of payment (See instructions regarding type of information required.) TRAVEL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 8.6.02	Payee name Security One	Amount (\$) 26.97	
Payee address; City; State; Zip Code PO Box 23280 SAN ANTONIO, TX 78223			
Purpose of payment (See instructions regarding type of information required.) SECURITY		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

8.6.02

SBC/SOUTHWESTERN

6 Payee address; City; State; Zip Code

P O Box 4844

HOUSTON, TX 77097

139.30

8 Purpose of payment (See instructions regarding type of information required.)

Telephone

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

8.6.02

Time Warner Cable

Payee address; City; State; Zip Code

P O Box 460849

San Antonio, TX 78246

105.85

Purpose of payment (See instructions regarding type of information required.)

Cable Runner

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

8.6.02

Cingular Wireless

Payee address; City; State; Zip Code

P O Box 4460

HOUSTON, TX 77089

441.01

12

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CITY OF SAN ANTONIO
OFFICE OF THE CLERK

Purpose of payment (See instructions regarding type of information required.)

Telephone

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

8.6.02

MONTE LISA Historical Assoc.

Payee address; City; State; Zip Code

Box 12386

SAN ANTONIO, TX 78246

500.00

Purpose of payment (See instructions regarding type of information required.)

CHARTY

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

8.6.02

City of San Antonio

6 Payee address; City; State; Zip Code

P.O. BOX 839975
SAN ANTONIO, TX

2.89

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

8.6.02

ALAMO TRAVEL

Payee address; City; State; Zip Code

9000 Wurzbach
SAN ANTONIO, TX 78240Amount
(\$)

1,488.00

23

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Purpose of payment (See instructions regarding type of information required.)

TRAVEL

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

8.7.02

Omni Hotel

Payee address; City; State; Zip Code

221 E. Las Colinas
Irving, TX 75039Amount
(\$)

478.45

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

8.15.02

Ann Marie's Catering

Payee address; City; State; Zip Code

San Antonio, TX

Amount
(\$)

358.00

Purpose of payment (See instructions regarding type of information required.)

Dining

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

8.19.02

Cavender Properties

6 Payee address; City; State; Zip Code

215 W Travis

San Antonio, TX 78205

1,500.00

8 Purpose of payment (See instructions regarding type of information required.)

Rent

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

8.19.02

Plaza Club

Payee address; City; State; Zip Code

2100 Frost Bnk Tower

San Antonio, TX 78205

88.13

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CITY OF SAN ANTONIO
OFFICE OF THE CLERK
3:12

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

8.20.02

Martin, Victor

Payee address; City; State; Zip Code

9619 Elmstone Dr.

San Antonio, TX 78254

24.00

Purpose of payment (See instructions regarding type of information required.)

Children's Soccer CLINIC

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

8.20.02

Sprint PCS

Payee address; City; State; Zip Code

PO Box 21954

Kansas City, MO 64121

373.47

Purpose of payment (See instructions regarding type of information required.)

Telephone

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

8.27.02

Cougar Booster Club
 6 Payee address; City; State; Zip Code
40 C. ATKINS
18 Ryans Pmt. Drive
SAN ANTONIO, TX 78248

85.00

8 Purpose of payment (See instructions regarding type of information required.)

Advertising

9

 -- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

8.27.02

Corender Properties
 Payee address; City; State; Zip Code
215 W. TRAVIS
SAN ANTONIO, TX 78205

1,500.00

Purpose of payment (See instructions regarding type of information required.)

Rent
 -- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

8.27.02

C.P.S.
 Payee address; City; State; Zip Code
P O BOX 2678
SAN ANTONIO, TX 78289

167.27

Purpose of payment (See instructions regarding type of information required.)

UTILITIES
 -- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

8.27.02

De Leon, Mike
 Payee address; City; State; Zip Code
1931 EDENVALE
SAN ANTONIO, TX 78224

200.00

Purpose of payment (See instructions regarding type of information required.)

Reimbursement
 -- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Neubert, EVA

7 Amount (\$)

8.29.02

6 Payee address; City; State; Zip Code

1023 Ave B #1
San Antonio, TX 78215

\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.)

SALARY

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Neubert, EVA

Amount (\$)

8.29.02

Payee address; City; State; Zip Code

1023 Ave B #1
SAN ANTONIO, TX 78215

\$ 82.93

Purpose of payment (See instructions regarding type of information required.)

Reimbursement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

S.B.C. / SOUTHWESTERN Bell

Amount (\$)

8.29.02

Payee address; City; State; Zip Code

PO BOX 4844
HOUSTON, TX 77097

46.40

Purpose of payment (See instructions regarding type of information required.)

Telephone

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Time Warner Cable

Amount (\$)

8.29.02

Payee address; City; State; Zip Code

PO BOX 650734
DALLAS, TX 78265

105.85

Purpose of payment (See instructions regarding type of information required.)

Computer/Roadrunner

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

8.29.02

Crumrine Printers

6 Payee address; City; State; Zip Code

2030 E. HOUSTON ST.
SAN ANTONIO, TX 78202

760.52

8 Purpose of payment (See instructions regarding type of information required.)

Printing Services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

8.29.02

Philip Cortez

Payee address; City; State; Zip Code

351 McNarney
San Antonio, TX 78211

1483.61

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OFFICE OF THE CLERK

Purpose of payment (See instructions regarding type of information required.)

Reimbursement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

8.29.02

Hampton Inn

Payee address; City; State; Zip Code

Corpus Christi, TX

174.02

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

9.3.02

Suchy's Flowers

Payee address; City; State; Zip Code

955 Cinelmati Ave
San Antonio, TX 78201

57.71

Purpose of payment (See instructions regarding type of information required.)

FLOWERS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.3.02	5 Payee name SBC / Southwestern Bell Payee address; City; State; Zip Code P O Box 4844 HOUSTON, TX 77097	7 Amount (\$) 140.68	
8 Purpose of payment (See instructions regarding type of information required.) Telephone		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held 2003 J11 CITY OF SAN ANTONIO CITY CLERK	
Date 9.3.02	Payee name Security One Payee address; City; State; Zip Code P O Box 23280 SAN ANTONIO, TX 78223	Amount (\$) 26.97 P 12	
Purpose of payment (See instructions regarding type of information required.) BLDG. SECURITY		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.5.02	Payee name R.E. LEE HIGH BOOSTER CLUB Payee address; City; State; Zip Code 1406 JACKSON Keller Rd. SAN ANTONIO, TX 78213	Amount (\$) 70.80	
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.6.02	Payee name Doubletree Hotel Payee address; City; State; Zip Code HOUSTON, TX	Amount (\$) 238.64	
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.6.02	5 Payee name HILTON HOTEL 6 Payee address; City; State; Zip Code WACO, TEXAS	7 Amount (\$) 146.31	
8 Purpose of payment (See instructions regarding type of information required.) TRAVEL		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.10.02	Payee name LA PRENZA Payee address; City; State; Zip Code 318 S. FLORES SAN ANTONIO, TX 78204	Amount (\$) 120.00	
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.10.02	Payee name PLAZA CLUB Payee address; City; State; Zip Code 2100 FROST BANK TOWER SAN ANTONIO, TX 78205	Amount (\$) 88.73	
Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP/DINING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.12.02	Payee name R.T.C. FLORISTRY Payee address; City; State; Zip Code 1420 FREDERICKSBURG SAN ANTONIO, TX 78201	Amount (\$) 95.00	
Purpose of payment (See instructions regarding type of information required.) FLOWERS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.12.02	5 Payee name B. J's SAFE + LOCK 6 Payee address; City; State; Zip Code 634 E. RECTOR ST. SAN ANTONIO, TX 78216	7 Amount (\$) 64.29	
8 Purpose of payment (See instructions regarding type of information required.) BUILDING EXPENSE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9.16.02	Payee name Omni HOTEL Payee address; City; State; Zip Code 221 EAST LAS COLINAS IRVING, TX 75039	Amount (\$) 310.13	
Purpose of payment (See instructions regarding type of information required.) TRAVEL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9.16.02	Payee name CONTINENTAL AIRLINES Payee address; City; State; Zip Code SAN ANTONIO, TX	Amount (\$) 972.00	
Purpose of payment (See instructions regarding type of information required.) TRAVEL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9.16.02	Payee name TONY CARDENAS CAMPAIGN Payee address; City; State; Zip Code 13189 Osborne St. Pacoima, CA 91331	Amount (\$) 500.00	
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CONTRIBUTION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held TONY CARDENAS CITY COUNCIL council	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

9.16.02

HYATT HOTEL

6 Payee address; City; State; Zip Code

400 NEW JERSEY AVE NW
WASHINGTON, DC 20001

463.20

8 Purpose of payment (See instructions regarding type of information required.)

TRAVEL

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

9.16.02

ALAMO TRAVEL GROUP

Payee address; City; State; Zip Code

9000 WURZBACH Rd.
SAN ANTONIO, TX 78240

556.50

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

9.16.02

MAIN STREET WORLD TRAVEL

Payee address; City; State; Zip Code

8425 Bandera #154
SAN ANTONIO, TX 78250

846.00

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

9.16.02

FOX TECH HIGH SCHOOL CLASS REUNION

Payee address; City; State; Zip Code

C/O E. GARZA
1915 W. MAGNOLIA
SAN ANTONIO, TX

250.00

Purpose of payment (See instructions regarding type of information required.)

SPONSOR EVENT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.19.02	5 Payee name HYATT REGENCY 6 Payee address; City; State; Zip Code AUSTIN, TEXAS	7 Amount (\$) 121.87 CITY OF SAN ANTONIO RECEIVED OFFICE OF THE CLERK JUN 5 P 3:12	
8 Purpose of payment (See instructions regarding type of information required.) TRAVEL		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.19.02	Payee name DELTA AIRLINES Payee address; City; State; Zip Code SAN ANTONIO, TX	Amount (\$) 715.50	
Purpose of payment (See instructions regarding type of information required.) TRAVEL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.19.02	Payee name ALVARO SHRINE CIRCUS Payee address; City; State; Zip Code C/O CAROL KINTIGH 901 N. LODP 1604 W SAN ANTONIO TX	Amount (\$) 100.00	
Purpose of payment (See instructions regarding type of information required.) SPONSOR DISABLED CHILDREN		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.23.02	Payee name TIME WARNER CABLE Payee address; City; State; Zip Code P O BOX 650734 DALLAS, TX 75265	Amount (\$) 105.85	
Purpose of payment (See instructions regarding type of information required.) COMPUTER / ROADRUNNER		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	

4 Date 9.23.02	5 Payee name SUCHYIS FLOWERS 6 Payee address; City; State; Zip Code 955 CINCINNATI AVE SAN ANTONIO, TX 78201	7 Amount (\$) 26.97
8 Purpose of payment (See instructions regarding type of information required.) FLOWERS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 9.23.02	Payee name S.B.C. SOUTHWESTERN BELL Payee address; City; State; Zip Code P O BOX 4844 HOUSTON, TX 77097	Amount (\$) 46.40
Purpose of payment (See instructions regarding type of information required.) TELEPHONE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 9.23.02	Payee name CINGULAR WIRELESS Payee address; City; State; Zip Code P O BOX 4460 HOUSTON, TX 77097	Amount (\$) 5.53
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 9.23.02	Payee name IMAGE DE SAN ANTONIO Payee address; City; State; Zip Code 5302 Arrowhead SAN ANTONIO, TX 78228	Amount (\$) 50.08
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.23.02	5 Payee name ED GARZA	7 Amount (\$) 88.98	
6 Payee address; City; State; Zip Code P.O. BOX 120003 SAN ANTONIO, TX 78212			
8 Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT/TRAVEL		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.23.02	Payee name ST. VINCENT DE PAUL	Amount (\$) 500.00	
Payee address; City; State; Zip Code 928 W. COMMERCE SAN ANTONIO, TX 78207			
Purpose of payment (See instructions regarding type of information required.) SPONSOR GREG SIMMONS EVENT		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.23.02	Payee name SPRINT	Amount (\$) 368.17	
Payee address; City; State; Zip Code P O BOX 219534 KANSAS CITY, MO 64121			
Purpose of payment (See instructions regarding type of information required.) TELEPHONE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.23.02	Payee name HISPANIC WOMENS NET OF TEXAS	Amount (\$) 500.00	
Payee address; City; State; Zip Code 22819 E. RANGE SAN ANTONIO, TEXAS			
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	

4 Date 9.23.02	5 Payee name Renaissance HOTEL 6 Payee address; City; State; Zip Code Mc ALLEN, TEXAS	7 Amount (\$) 161.85
8 Purpose of payment (See instructions regarding type of information required.) TRAVEL		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 9.23.02	Payee name BOSTON PARK PLAZA HOTEL Payee address; City; State; Zip Code BOSTON, MA	Amount (\$) 567.67
Purpose of payment (See instructions regarding type of information required.) TRAVEL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 9.23.02	Payee name ST. REGIS HOTEL Payee address; City; State; Zip Code HOUSTON, TX	Amount (\$) 761.73
Purpose of payment (See instructions regarding type of information required.) TRAVEL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 9.23.02	Payee name OMNI HOTEL Payee address; City; State; Zip Code ATLANTA, GA	Amount (\$) 454.15
Purpose of payment (See instructions regarding type of information required.) TRAVEL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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 CITY OF SAN ANTONIO
 CITY CLERK
 2003 JAN 15 PM 3:22

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.30.02	5 Payee name S.B.C./SOUTHWESTERN BELL	7 Amount (\$) 142.11	
6 Payee address; City; State; Zip Code P O BOX 4844 HOUSTON, TX 77097			
8 Purpose of payment (See instructions regarding type of information required.) TELEPHONE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.30.02	Payee name CINGULAR WIRELESS	Amount (\$) 2.77	
Payee address; City; State; Zip Code P O BOX 4460 HOUSTON, TEXAS 77097			
Purpose of payment (See instructions regarding type of information required.) TELEPHONE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.30.02	Payee name SECURITY ONE	Amount (\$) 26.97	
Payee address; City; State; Zip Code P O BOX 23280 SAN ANTONIO, TX 78223			
Purpose of payment (See instructions regarding type of information required.) BLDG. SECURITY		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9.30.02	Payee name ED GARZA	Amount (\$) 196.00	
Payee address; City; State; Zip Code P O BOX 20003 SAN ANTONIO, TX 78212			
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT/TRAVEL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

9.30.02

BRACK HIGH 1962 TEAM SCHOLARSHIP FUND

6 Payee address; City; State; Zip CodeBRACKENRIDGE HIGH SCHOOL
SAN ANTONIO, TX

500.00

8 Purpose of payment (See instructions regarding type of information required.)

SCHOLARSHIPS

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

9.30.02

TREVINO, STEVE

Payee address; City; State; Zip Code

830 ERIE ST.
SAN ANTONIO, TX

200.00

Purpose of payment (See instructions regarding type of information required.)

SALARY

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

9.30.02

NEUBERT, EVA

Payee address; City; State; Zip Code

1023 Ave B #1
SAN ANTONIO, TX 78215

1,000.00

Purpose of payment (See instructions regarding type of information required.)

SALARY

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10.2.02

CITY OF SAN ANTONIO

Payee address; City; State; Zip Code

PO BOX 83975
SAN ANTONIO, TX 78283

46.50

Purpose of payment (See instructions regarding type of information required.)

REMBURSE/PRINTING

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10.2.02	5 Payee name CAVENDER PROPERTIES 6 Payee address; City; State; Zip Code 215 W. TRAVIS SAN ANTONIO, TX 78205	7 Amount (\$) 600.00 RECEIVED CITY OF SAN ANTONIO OFFICE OF THE CLERK JAN 5 P 3:52	
8 Purpose of payment (See instructions regarding type of information required.) RENT		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10.2.02	Payee name ALAMO TRAVEL GROUP Payee address; City; State; Zip Code 9000 WURZBACH SAN ANTONIO, TX 78240	Amount (\$) 926.50	
Purpose of payment (See instructions regarding type of information required.) TRAVEL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10.7.02	Payee name OMNI HOTEL Payee address; City; State; Zip Code DALLAS, TEXAS	Amount (\$) 90.40	
Purpose of payment (See instructions regarding type of information required.) TRAVEL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10.7.02	Payee name HEARD LINEBARGER, ETC. Payee address; City; State; Zip Code 310 S. ST MARY'S SAN ANTONIO, TEXAS 78205	Amount (\$) 5,000.00	
Purpose of payment (See instructions regarding type of information required.) RETURNED CONTRIBUTION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10.7.02

5 Payee name

ALLERTON HOTEL

6 Payee address; City; State; Zip Code

701 N. Michigan Ave.
Chicago, IL 60611

7 Amount (\$)

187.69

8 Purpose of payment (See instructions regarding type of information required.)

TRAVEL

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10.7.02

Payee name

ESTEVEZ, PETER

Payee address; City; State; Zip Code

3811 HUNTERSTRAIL
SAN ANTONIO, TX 78230

Amount (\$)

4,000.00

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
JAN 5 P 3:12

Purpose of payment (See instructions regarding type of information required.)

RETURNED CONTRIBUTION

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10.7.02

Payee name

SUCHY'S FLOWERS

Payee address; City; State; Zip Code

955 CINCINNATI AVE
SAN ANTONIO, TX 78201

Amount (\$)

57.71

Purpose of payment (See instructions regarding type of information required.)

FLOWERS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10.7.02

Payee name

C.P.S.

Payee address; City; State; Zip Code

P.O. BOX 2678
SAN ANTONIO, TX 78289

Amount (\$)

5.99

Purpose of payment (See instructions regarding type of information required.)

UTILITIES

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	

4 Date 10.8.02	5 Payee name MIKE DELEON 6 Payee address; City; State; Zip Code 1931 EDENVALE SAN ANTONIO, TX 78224	7 Amount (\$) 1,500.00
8 Purpose of payment (See instructions regarding type of information required.) SALARY		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held 2003 CITY OF SAN ANTONIO CITY CLERK 10-3-12 RECEIVED
Date 10.8.02	Payee name SPRINT Payee address; City; State; Zip Code P.O. BOX 29554 KANSAS CITY, MO 64121	Amount (\$) 442.27
Purpose of payment (See instructions regarding type of information required.) TELEPHONE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10.16.02	Payee name PLAZA CLUB Payee address; City; State; Zip Code 2100 FROST BANK TOWER SAN ANTONIO, TX 78205	Amount (\$) 88.73
Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP/DINING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10.16.02	Payee name F.N. MAGID ASSOC. INC. Payee address; City; State; Zip Code ONE RESEARCH CENTER MARION, IOWA 52302	Amount (\$) 14,000.00
Purpose of payment (See instructions regarding type of information required.) RESEARCH		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

10.16.02

DUGAN NICHOLAS

6 Payee address; City; State; Zip Code

PO BOX 781252

SAN ANTONIO, TX 78218

500.00

8 Purpose of payment (See instructions regarding type of information required.)

SALARY

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

10.16.02

MONTICELLO PARK NEIGH. ASSOC.

Payee address; City; State; Zip Code

BOX 5851

SAN ANTONIO, TX 78201

500.00

Purpose of payment (See instructions regarding type of information required.)

SPONSOR EVENT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

10.16.02

JEFFERSON BAND BOOSTERS

Payee address; City; State; Zip Code

210 REPOSE LANE

SAN ANTONIO, TX 78228

500.00

Purpose of payment (See instructions regarding type of information required.)

SCHOLARSHIPS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

10.16.02

S.A.I.S.D. PTA COUNCIL

Payee address; City; State; Zip Code

314 Seeling

SAN ANTONIO, TX 78228

100.00

Purpose of payment (See instructions regarding type of information required.)

SCHOLARSHIPS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

10.16.02

Alamo Travel Group

6 Payee address; City; State; Zip Code

9000 Wurzbach Rd.
San Antonio, TX 78240

154.00

8 Purpose of payment (See instructions regarding type of information required.)

TRAVEL

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Date

Payee name

Amount
(\$)

10.21.02

Southside Reporter

Payee address; City; State; Zip Code

2203 S. Hackberry
San Antonio, TX 78210

75.00

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10.21.02

Southside Reporter

Payee address; City; State; Zip Code

2203 S Hackberry
San Antonio, TX 78210

35.00

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10.22.02

Cingular

Payee address; City; State; Zip Code

P O Box 4460
Houston, TX 77097

591.03

Purpose of payment (See instructions regarding type of information required.)

Telephone

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

10.24.02

GOLDEN EAGLE AIR

6 Payee address; City; State; Zip Code

SAN ANTONIO, TX

938.00

8 Purpose of payment (See instructions regarding type of information required.)

TRAVEL

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10.22.02

CENTURY PLAZA HOTEL

Payee address; City; State; Zip Code

Los Angeles, CALIFORNIA

572.99

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10.22.02

HOLLAND & KNIGHT

Payee address; City; State; Zip Code

112 E PECAN #2700

SAN ANTONIO, TX 78205

5,000.00

Purpose of payment (See instructions regarding type of information required.)

Professional Services

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

11.11.02

Weston Hotel

Payee address; City; State; Zip Code

WASHINGTON, D.C.

189.19

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

10.22.02

C. P. S.
6 Payee address; City; State; Zip Code
 BOX 2678
 SAN ANTONIO, TX 78289

5.99

8 Purpose of payment (See instructions regarding type of information required.)

UTILITIES

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

RECEIVED
 CITY CLERK
 OF SAN ANTONIO
 2003 JAN 15 PM 3:22

Date

Payee name

Amount
(\$)

10.29.02

TIME WARNER CABLE
 Payee address; City; State; Zip Code
 P O BOX 650734
 DALLAS, TX 75265

105.85

Purpose of payment (See instructions regarding type of information required.)

COMPUTER/ ROADRUNNER

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10.29.02

SUCHY'S FLOWERS
 Payee address; City; State; Zip Code
 955 Cincinnati Ave.
 SAN ANTONIO, TX 78201

84.68

Purpose of payment (See instructions regarding type of information required.)

FLOWERS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10.29.02

S.B.C./SOUTHWESTERN BELL
 Payee address; City; State; Zip Code
 BOX 4844
 HOUSTON, TEXAS 77097

46.37

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

10.29.02

EVA NEUBERT

6 Payee address; City; State; Zip Code1023 AVE B #1
SAN ANTONIO, TX 78215

1,000.00

8 Purpose of payment (See instructions regarding type of information required.)

SALARY

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

10.29.02

EVA Neubert

Payee address; City; State; Zip Code

1023 Ave B #1
SAN ANTONIO, TX 78215

288.05

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

10.30.02

ALAMO TRAVEL GROUP

Payee address; City; State; Zip Code

9000 WURZBACH Rd.
SAN ANTONIO, TX 78240

1,037.00

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

10.31.02

SECURITY ONE

Payee address; City; State; Zip Code

PO BOX 23280
SAN ANTONIO, TX 78223

26.97

Purpose of payment (See instructions regarding type of information required.)

BLDG. SECURITY

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

ALAMO TRAVEL GROUP

7 Amount

10.31.02

6 Payee address; City; State; Zip Code9000 WURZBACH Rd.
SAN ANTONIO, TX 78240

398.50

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
JAN 15 PM 3:12**8** Purpose of payment (See instructions regarding type of information required.)

TRAVEL

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

11.4.02

MIND TRUSS

Payee address; City; State; Zip Code

7701 BROADWAY #208
SAN ANTONIO, TX 78209

342.00

Purpose of payment (See instructions regarding type of information required.)

Computer Repair SERVICES

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

11.5.02

S.B.C./SOUTHWESTERN Bell

Payee address; City; State; Zip Code

Box 4844
HOUSTON, TX 77097

140.60

Purpose of payment (See instructions regarding type of information required.)

Telephone

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

11.14.02

Sheridan Hotel

Payee address; City; State; Zip Code

LUBBOCK, TEXAS

170.06

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12.7.02	5 Payee name GRAND America Hotel 6 Payee address; City; State; Zip Code SALT LAKE CITY, UTAH	7 Amount (\$) 686.48	
8 Purpose of payment (See instructions regarding type of information required.) TRAVEL		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11.14.02	Payee name CITY of San Antonio Payee address; City; State; Zip Code P O Box 839975 San Antonio, TEXAS 78283	Amount (\$) 420.00	
Purpose of payment (See instructions regarding type of information required.) Printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11.14.02	Payee name DAVID ESPINOZA Payee address; City; State; Zip Code PO BOX 839966 SAN ANTONIO, TX 78283	Amount (\$) 216.72	
Purpose of payment (See instructions regarding type of information required.) Reimbursement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11.14.02	Payee name STEVEN Schauer Payee address; City; State; Zip Code PO BOX 839966 SAN ANTONIO, TX	Amount (\$) 264.00	
Purpose of payment (See instructions regarding type of information required.) Reimbursement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11.14.02	5 Payee name CITY OF San Antonio 6 Payee address; City; State; Zip Code P O Box 839975 SAN Antonio, TX 78283	7 Amount (\$) 90.86	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held 2003 JAN 15 3:03 PM CITY OF SAN ANTONIO CITY CLERK RECEIVED	
Date 11.14.02	Payee name B.J. Saff & LOCK Payee address; City; State; Zip Code 634 E Rector Street SAN ANTONIO, TX 78216	Amount (\$) 106.86	
Purpose of payment (See instructions regarding type of information required.) BLDG. SERVICES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11.15.02	Payee name ED GARZA Payee address; City; State; Zip Code P O Box 839966 SAN ANTONIO, TX 78283	Amount (\$) 285.99	
Purpose of payment (See instructions regarding type of information required.) Reimbursement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11.15.02	Payee name CITY OF SAN Antonio Payee address; City; State; Zip Code P O Box 839975 San Antonio, TX 78283	Amount (\$) 30.82	
Purpose of payment (See instructions regarding type of information required.) Reimbursement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11.15.02	5 Payee name CINGULAR 6 Payee address; City; State; Zip Code PO BOX 650574 DALLAS, TX 75266	7 Amount (\$) 591.03	
8 Purpose of payment (See instructions regarding type of information required.) Telephone		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11.15.02	Payee name PLAZA CLUB Payee address; City; State; Zip Code 2100 FROST BANK TOWER SAN ANTONIO, TX 78205	Amount (\$) 134.79	
Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP/DINING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11.15.02	Payee name ALAMO TRAVEL GROUP Payee address; City; State; Zip Code 9000 WURZBACK ROAD SAN ANTONIO, TX 78240	Amount (\$) 1,089.11	
Purpose of payment (See instructions regarding type of information required.) TRAVEL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11.30.02	Payee name EVA Neubert Payee address; City; State; Zip Code 1023 Ave B #1 SAN ANTONIO, TX 78215	Amount (\$) 1,000.00	
Purpose of payment (See instructions regarding type of information required.) SALARY		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12.3.02	5 Payee name S.A. Post Newspaper 6 Payee address; City; State; Zip Code P O BOX 14463 SAN ANTONIO, TX 78214	7 Amount (\$) 350.00	
8 Purpose of payment (See instructions regarding type of information required.) ADVERTISING		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held 2003 CITY OF SAN ANTONIO CITY CLERK 15 100.00 FD-3-13	
Date 12.11.02	Payee name HOLLY FAMILY SR. CITIZENS SPECIAL EVENTS Payee address; City; State; Zip Code 152 FLORENCIA SAN ANTONIO, TX 78228	Amount (\$) 100.00	
Purpose of payment (See instructions regarding type of information required.) SPONSOR SR. PROGRAMS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 12.12.02	Payee name G & M COMPANY Payee address; City; State; Zip Code 729 WOODAWN AVE. SAN ANTONIO, TX 78212	Amount (\$) 2,800.00	
Purpose of payment (See instructions regarding type of information required.) RESEARCH SERVICES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 12.12.02	Payee name PLAZA CLUB Payee address; City; State; Zip Code 2100 FROST BANK TOWER SAN ANTONIO, TX 78205	Amount (\$) 88.13	
Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP/DINING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME EDWARD GARZA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12.12.02	5 Payee name Ruben Alfaro	7 Amount (\$) 233.00	
6 Payee address; City; State; Zip Code 203 Upton SAN ANTONIO, TX 78212			
8 Purpose of payment (See instructions regarding type of information required.) PHOTOGRAPHY		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held 2003 JAN 13 CITY OF SAN ANTONIO CITY CLERK RECEIVED	
Date 12.12.02	Payee name W.S.A. CHAMBER OF COMMERCE	Amount (\$) 125.00	
Payee address; City; State; Zip Code 301 S. FRID SAN ANTONIO, TX 78207			
Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 12.12.02	Payee name MANAGEMENT ENTERPRISES	Amount (\$) 1,500.00	
Payee address; City; State; Zip Code 215 W. TRAVIS SAN ANTONIO, TX 78205			
Purpose of payment (See instructions regarding type of information required.) RENT		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 12.12.02	Payee name C. P. J.	Amount (\$) 38.24	
Payee address; City; State; Zip Code P.O. BOX 2678 SAN ANTONIO, TX 78289			
Purpose of payment (See instructions regarding type of information required.) UTILITIES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

12.12.02

A & M Foundation

6 Payee address; City; State; Zip Code

COLLEGE STATION, TX 77834

105.00

8 Purpose of payment (See instructions regarding type of information required.)

CONTRIBUTION ENDOWMENT FUND

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.12.02

ALAMO TRAVEL GROUP

Payee address; City; State; Zip Code

9000 WURZBACH Rd.
SAN ANTONIO, TX 78240

1,184.50

Purpose of payment (See instructions regarding type of information required.)

TRAVEL

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.16.02

SBC / SOUTHWESTERN BELL

Payee address; City; State; Zip Code

Box 4844
Houston, TX

46.38

Purpose of payment (See instructions regarding type of information required.)

Telephone

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.16.02

SECURITY ONE

Payee address; City; State; Zip Code

PO Box 23280
SAN ANTONIO, TX 78223

53.94

Purpose of payment (See instructions regarding type of information required.)

BLDG. SECURITY

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

12.16.02

6 Payee address; City; State; Zip CodeTime Warner Cable
P O Box 650734
DALLAS, TX 75265

105.85

8 Purpose of payment (See instructions regarding type of information required.)

COMPUTER/ROADRUNNER

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.16.02

Payee address; City; State; Zip Code

Boy Scouts Troop 90
18602 Paloma Wood
San Antonio, TX 78259

25.00

Purpose of payment (See instructions regarding type of information required.)

Donation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.16.02

Payee address; City; State; Zip Code

The Loving Dozen, A Charitable Org.
10000 N Commerce
SAT 78221

100.00

Purpose of payment (See instructions regarding type of information required.)

CHILDRENS' CHRISTMAS FUND.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.16.02

Payee address; City; State; Zip Code

SBC/SOUTHWESTERN Bell
Box 4844
HOUSTON, TX 77097

140.63

Purpose of payment (See instructions regarding type of information required.)

Telephone

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

12.16.02

FRANK N. MAGID ASSOC. INC.

6 Payee address; City; State; Zip Code

DRAWER 744

MILWAUKEE, WI 53278-0744

5,000.00

8 Purpose of payment (See instructions regarding type of information required.)

Research Services

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.20.02

CITY OF SAN ANTONIO

Payee address; City; State; Zip Code

PO Box 83975

SAN ANTONIO, TX 78283

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15
9:31 AM

Purpose of payment (See instructions regarding type of information required.)

Reimbursement

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.20.02

EVA Neubert

Payee address; City; State; Zip Code

1023 Ave B #1

SAN ANTONIO, TX 78215

1,000.00

Purpose of payment (See instructions regarding type of information required.)

SALARY

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12.20.02

EVA Neubert

Payee address; City; State; Zip Code

1023 Ave B #1

SAN Antonio, TX 78215

870.25

Purpose of payment (See instructions regarding type of information required.)

Reimbursment

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

EDWARD GARZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12.18.02

Sea Island Shrimp House
 6 Payee address; City; State; Zip Code
 322 W Rector
 San Antonio, TX 78216

250.00

8 Purpose of payment (See instructions regarding type of information required.)

Staff appreciation

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

12.14.02

CAMINO REAL HOTEL
 Payee address; City; State; Zip Code
 EL PASO, TEXAS

2003 JAN 15 PM 3:13
 RECEIVED
 CITY OF SAN ANTONIO
 CITY CLERK

Purpose of payment (See instructions regarding type of information required.)

Travel

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

12.3.02

Suchy's Flowers
 Payee address; City; State; Zip Code
 955 Cincinnati Ave
 San Antonio, TX 78201

674.20

Purpose of payment (See instructions regarding type of information required.)

Flowers

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

12.23.02

Sweet Sussies Cookies
 Payee address; City; State; Zip Code
 999 E. Basse Rd.
 San Antonio, TX 78209

67.50

Purpose of payment (See instructions regarding type of information required.)

Staff

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED